

TRANSMITTAL FORM

2178
Attorney Docket No.

1697P

the application **Brian BERSON, et al.**Confirmation No: **2572**Serial No: **09/651,428**Group Art Unit: **2178**Filed: **August 30, 2000**Examiner: **Huynh, Cong Lac T.**For: **METHOD AND SYSTEM FOR ENSURING ACCURATE FONT MATCHING IN DOCUMENTS**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below)
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	RECEIVED MAY 18 2004 Technology Center 2100	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	20	20	0	\$ 9.00	\$ 0.00
Independent Claims	3	3	0	\$43.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)


SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Michele Liu, Reg. No. 44,875
Signature	
Date	May 10, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: May 10, 2004	
Type or printed name	Jackie Tanda
Signature	



CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 10, 2004.


Jackie Tanda

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: May 10, 2004

Brian BERSON, et al.

Confirmation No: 2572

Serial No: 09/651,428

Group Art Unit: 2178

Filed: August 30, 2000

Examiner: Huynh, Cong L.

For: METHOD AND SYSTEM FOR ENSURING ACCURATE FONT
MATCHING IN DOCUMENTS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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MAY 18 2004

Technology Center 2100

AMENDMENT

Sir:

In response to the Office Action dated February 9, 2004, please amend the above-identified application in the following manner:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.